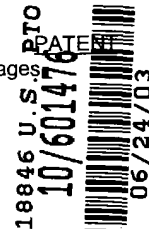


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

Total Pages



FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Edwin G. Duffin et al.  
TITLE: ELECTRODE SELECTION SYSTEM FOR MEDICAL ELECTRICAL LEADS

**CERTIFICATE UNDER 37 CFR §1.10:** I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, "EXPRESS No. EV 331 792 594 US, on this 23rd day of June, 2003.

Sue McCoy

Printed Name

Signature

**MAIL STOP PATENT APPLICATION**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

☒ **Patent Application Transmittal**

☒ **Specification:**

**Total pages:** 18 (including claims and abstract: Spec. 12 sheets; Claims 5 sheets; Abstract 1

☒ **Drawings:**

**Total sheets:** 15

☐ formal ☒ informal

☒ **Combined Declaration and Power of Attorney:**

☒ executed

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

☒ **Accompanying application parts:**

☐ Notification of filing a

☒ Assignment of the Invention to Medtronic, Inc.

☒ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

☒ Return Postcard

**IF A CONTINUING APPLICATION:**

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application  
No. .

☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--

☐ Cancel in this application original claims \_\_\_\_ of the prior application before calculating the filing fee .  
(At least th original independent claim must be retained for filing purposes.)

☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: \_\_.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

X Address all future correspondence to: Elisabeth L. Belden, Reg. No. 50,751  
Telephone: (763) 514-4083  
Facsimile: (763) 505-2530



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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	20	20	= 0	x 18	0
Independent Claims	4	3	= 1	x 84	84
Multiple Dependent Claims	0		0	+ 280	0
Basic Filing Fee					\$750.00
TOTAL					834.00

X Charge Deposit Account No. 13-2546 in the amount of **\$874.00** for the filing fee and assignment recordation fee of \$40.00.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

June 23, 2003

  
Elisabeth L. Belden, Reg. No. 50,751  
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